Pathways to Excellence

Health Literacy and Health Communication

Our “people” pillar reminds us of our common goal to provide the finest healthcare possible to our patients. Effective communication with our patients, families, and visitors is the foundation of the finest and most excellent healthcare.

When patients and providers don’t understand each other, nothing else really matters. Health outcomes suffer. Patient safety is at risk. Quality care can’t be delivered. And patient satisfaction takes a dive.

This week in the Starting Gate we look at health literacy and health communication and our journey to becoming a “health literate” organization. Let’s start with some definitions to make sure we’re on the same page.

Health Literacy for Patients Is…

- An individual’s ability to obtain, process, understand and use health information and services to make appropriate health decisions.

  ~ Healthy People 2010

Health Literacy for an Organization Is…

- An organization’s ability to make it easier for people to navigate, understand, and use information and services to make... health decisions.

  ~ IOM “Attributes of a HL Organization,” 2012

How can we become a more health literate organization to support our patients more effectively?

Visit the UNMH Health Literacy Fair for Healthcare Providers
October 2 from Noon to 5PM and October 3 from 9AM to Noon in the 4ACC Lobby!
Let’s Adopt the National Action Plan to Improve Health Literacy

In 2010, the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, released an important report and challenge to us all: the National Action Plan to Improve Health Literacy. It is “based on the principles that (1) everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life.”

The Action Plan contains seven goals for improving health literacy and suggests ways to achieve them. Three of the goals pertain to UNMH:

1. Develop and disseminate health and safety information that is accurate, accessible, and actionable.

2. Promote changes in the healthcare system that improve health information, communication, informed decision-making, and access to health services.

3. Increase the dissemination and use of evidence-based health literacy practices and interventions.

There is much we can all do over time to meet these goals at UNMH. You’ll be hearing more about them. By becoming a more health literate organization, we can lower costs while improving quality of care, patient safety, and health outcomes for our patients. Let’s get on board! There is nothing to lose and so much to gain!


Visit the UNMH Health Literacy Fair for Healthcare Providers Today on the 4ACC from Noon to 5PM!
What Do We Require of Our Patients?

Healthcare organizations in the U.S. today require patients to adapt to our way of doing things. To get the care they need and be able to follow through at home, they need lots of skills:

- Be able to report their problem
- Be able to interact with their provider, including asking questions
- Understand the provider’s diagnosis
- Understand and carry out the treatment plan
- Understand and give consent

These tasks require health literacy skills we often wrongly assume patients have:

- Reading at high levels (most of our materials are written at high school or college level)
- Writing and spelling well enough to fill out forms
- Listening to and comprehending medical jargon, hospital processes, directions and more
- Speaking in an organized way to give a health history
- Understanding numbers for tasks like medicine dosing

It’s not easy being a patient in our foreign country of “Health Care”!

What can you do? Remember to use plain language explanations, watch for signs of confusion, and then check for comprehension.

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Use Plain Language

Lots of providers think they ARE already using plain language. But what’s plain and clear to you may not be to your patients. And, if you don’t ask patients to restate what you’ve said, you’ll never know if you were plain enough. Here are some plain language examples to get you thinking:

**Instead of This**

hypertension
influenza
medication
chronic
ambulatory
adverse outcome
acute

**Try This**

high blood pressure
flu
medicine
constant, does not go away, lasts a long time
able to walk, day surgery
harmful or bad result
started all of a sudden, sharp, quick, lasts a short time

Check Out These New Sentences, Too:
(samples not from UNMH materials)

**Original:** This medication is administered by intramuscular injection.

**Plain Language:** We give this medicine with a shot in the muscle.

**Original:** Both drugs have similar efficacy in treating the most common symptoms.

**Plain Language:** Both drugs work about the same.
How Can You Be Sure Your Patient Understands You?

Research shows that patients remember and understand less than half of what providers explain to them. What's the best way to find out if patients understand? Asking patients to recall and restate what they have been told is one of 11 top evidence-based patient safety practices (AHRQ, 2001 Report, Making Health Care Safer).

Try using a strategy called “teach back” or “closing the loop” to check for comprehension. Do not ask yes/no questions like, “Do you understand?” Instead:

1. Take responsibility for communicating effectively and ask patients to restate in their own words; for example, “I want to be sure I explained everything clearly. Can you please explain it back to me in your own words?” or “We’ve gone over a lot today. Can you review in your own words what you’ll do when you get home?”

2. If your patient is not able to repeat it accurately, re-phrase and re-teach the information. Use more common terms, less jargon, and remember a caring tone of voice.

3. If your patient still doesn’t understand, consider other strategies for education. And be glad you found out the patient did not understand before leaving the visit.

You may think you don’t have time to do “teach back” but research shows that with experience it only takes a little more time. Why not try it with your last patient of the day?

To learn more about “teach back,” see http://www.nchealthliteracy.org/toolkit/tool5A.ppt.

“Do not let what you cannot do interfere with what you can do.”

~ John Wooden